



FORWARD THIS REPORT UPON COMPLETION TO:

**City of Bryan, Texas
Backflow Prevention Program
Attention: Amanda Jo Roop
P.O. Box 1000
Bryan, TX 77805
(979) 209-5900
PWS ID: 0210001**

**ILLEGIBLE OR
UNCOMPLETED
REPORTS WILL NOT BE
ACCEPTED
[Please Print]**

ASSEMBLY MAINTENANCE & TEST REPORT

ASSEMBLY LOCATION	Residential <input type="checkbox"/>	Facility Name:	
	Commercial <input type="checkbox"/>		
	Service Physical Address:		
Short Description Device Location:			

PURPOSE OF TEST	<input type="checkbox"/> New Construction	Serial No. :	HERE ←	NOTE: IF ASSEMBLY REPLACED, RECORD OLD ASSEMBLY SERIAL NO.
	<input type="checkbox"/> Existing Assembly	Serial No. :		
	<input type="checkbox"/> New [Replacement Assembly]	Serial No. :		

ASSEMBLY PURPOSE	<input type="checkbox"/> Fire Line	ASSEMBLY TYPE	<input type="checkbox"/> Reduced Pressure Principal	<input type="checkbox"/> Spill-Resistance Pressure Vacuum Breaker
	<input type="checkbox"/> Domestic		<input type="checkbox"/> Double Check Valve	<input type="checkbox"/> Double Check Detector [Flow Meter]
	<input type="checkbox"/> Irrigation		<input type="checkbox"/> Pressure Vacuum Breaker	<input type="checkbox"/> Reduced Pressure Principal Detector [Flow Meter]

MAKE & MODEL	Assembly Manufacture:		ASSEMBLY SIZE
	Assembly Model Number:		

TEST RESULTS	Reduced Pressure Principal Assembly			Pressure Vacuum Breaker		
	Double Check Valve*			Relief Valve***	Air Inlet	Check Valve
	Initial Test	Check Valve #1	Check Valve #2			
		Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened _____ PSID	Opened _____ PSID	Held _____ PSID
Held _____ PSID		Held _____ PSID	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	
Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>					
Repairs/ Materials Used**						
Final Test	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened _____ PSID	Opened _____ PSID	Held _____ PSID	
	Held _____ PSID	Held _____ PSID				

*Initial test data for Check Valve #2 and Final Test data for Check Valve #1 should be left blank for Reduced Pressure Principal Assemblies.
 ** Original manufacture's replacement parts required.
 *** USC 10th Addition: No. 1 check valve differential pressure reading shall be at least 3.0 psid > than the differential pressure relief valve opening point.

GAUGE DATA	Manufacture/Model:		Serial Number:	
	Calibration Certification No.:		Calibration Date:	

CERTIFICATION	I CERTIFY THAT ALL INFORMATION IS TRUE AND CORRECT AT TIME OF TESTING			
	Company Name: (Attach Business Card to Report)		BPAT License No.	
	TESTER'S SIGNATURE		TESTER'S PRINTED NAME	
			TEST DATE	